



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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 STATE OF HAWAII
 STATE ETHICS COMMISSION
LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST		
NAME(Last)	(First)	(Middle)
Pigao Cadiz	Agnes	
TELEPHONE		(808) 531-1628
MAILING ADDRESS (Street)		FAX
677 Ala Moana Blvd., Suite 301		(808) 524-2760
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE
Hawaii Nurses Association		(808) 531-1628
MAILING ADDRESS (Street)		FAX
677 Ala Moana Blvd., Suite 301		(808) 524-2760
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Nurses Association	(808) 531-1628
MAILING ADDRESS (Street)	FAX
677 Ala Moana Blvd., Suite 301	(808) 524-2760
(City)	(State)
Honolulu,	Hawaii
(Zip Code)	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Clifford H. Miyashiro, CPA - Candon Consulting Group, LLC	(808) 533-1270
MAILING ADDRESS (Street)	FAX
1001 Bishop Street, Pacific Tower, Suite 955	(808) 533-1528
(City)	(State)
Honolulu	Hawaii
(Zip Code)	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

☒ Education☒ Human ServicesScience, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

☒ Consumer Protection &
Commerce

Hawaiian Affairs

☒ Labor & Employment

Transportation

Culture, Arts, Historic
Preservation☒ HealthPlanning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1/31/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Luanne Long - President

NAME OF ORGANIZATION (if applicable)

Hawaii Nurses Association

TELEPHONE

(808) 531-1628

MAILING ADDRESS (Street)

677 Ala Moana Blvd., Suite 301

FAX

(808) 524-2760

(City)

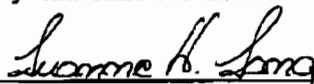
(State)

(Zip Code)

Honolulu

Hawaii

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1-31-06

(Date)